



Blasting Notification Fax Form

Procedures (Effective February 25, 2008)

The City of Kansas City, Missouri
City Planning & Development Department
Land Development Division
414 E. 12th Street
City Hall – 5th Floor
Kansas City, Missouri 64106
Tel. 816-513-2551 Fax 816-513-2548
[http:// www.kcmo.org/planning](http://www.kcmo.org/planning)

The City Planning & Development Department – Land Development Division (CPD-LDD) can process your Notification Form by FAX with payment by credit card (Visa, Mastercard, Diners Club, Discover and American Express). The notification fee is \$250 and is due at the time the notification is processed. This service is offered as a convenience to our customers in our continuing effort to provide prompt, accurate and courteous service.

Please follow the following procedure if you would like to use this service:

1. Fill out the attached FAX Notification application.
2. Fill out the attached Credit Card Authorization form. A completed form is required for each notification.
3. FAX both forms (all three pages) to the City Hall Permits Group at (816) 513-2548.

Once your notification application is received at the City Hall Permit Center, it will be processed by the end of the next business day. When we have completed processing your application, we will FAX you a copy of the notification form and payment receipt.

Please feel free to contact our office at 816-513-2551, if you have any further questions or comments on this procedure. We hope this will be an added convenience for you.

CITY OF FOUNTAINS
HEART OF THE NATION



KANSAS CITY
MISSOURI

Blasting Notification Fax Form

The City of Kansas City, Missouri
City Planning & Development Department
Land Development Division
414 E. 12th Street
City Hall – 5th Floor
Kansas City, Missouri 64106
Tel. 816-513-2551 Fax 816-513-2548

Company Name		
Company Address		
Telephone #		
Fax #		
Applicant Name (Individual responsible for blasting)		
Applicant Address (if different than Company)		
Telephone/Cell Phone #	Tel.#:	Cell #:
Fax #		
License & Registration #	License #:	Registration #:
Insurance Company Name		
Insurance Company Address		
Telephone Phone #		
Fax #		
Policy Number		
Coverage Amount		
Effective Date		
Expiration Date		
Claims Representative Name		
Claims Representative Address (if different than Insurance Company)		
Telephone Phone #		
Fax #		

Dates of blasting activities	From: _____ To: _____
Days of week for blasting (i.e., M-F)	
Time(s) of day blasting will occur	
Address location of blasting activity	
Street names of nearest intersection	
Type of project and reason for blasting	
Project and Permit numbers of associated work	
Type and amount of explosives used per day	
Type and amount of explosives stored on site	

CERTIFICATION: I hereby certify and attest that I am the applicant, the person qualified to be in charge of and responsible for the loading and firing of an explosive or explosive material for this project, and the information provided in this notification is true. I further certify and attest that I have read Sections 319.300 to 319.345 of the RSMo., and Sections 18-400 and 26-3307 of the Kansas City Missouri Code of Ordinances, and will comply with the regulations and requirements of these sections. I understand that full payment of my notification fee prior to issuance of the notice is a required portion of my compliance with the above referenced sections. I understand that failure to notify the Land Development Division immediately if there are any changes to the information provided in this application may result in my prosecution under the terms described in Chapters 18 and 26 of the Kansas City Missouri Code of Ordinances.

Printed name of the applicant

Signature of the applicant

Date

Credit Card Authorization

City Planning & Development Department

Development Services

City of Kansas City, Missouri

Now accepting Visa, Mastercard, Diners Club, Discover and American Express

Land Development Division Permit Group FAX (816) 513-2548

Card Holder Name: _____ Billing
_____ Address: _____
(As it appears on front of card)

Card Account Number: _____ City,
_____ State, Zip: _____

Home Telephone #: _____ Work Telephone #: _____

Card Expiration Date: _____

Card Holder Signature: _____ Date: _____

I hereby authorize Development Services to charge the credit card listed above in the amount of \$_____. This charge is for fees or services and is accepted by Development Services in good faith. Should I have any questions concerning credit card charge(s) made to my account, I will make every attempt to resolve the issue directly with the Land Development Division at (816) 513-2551.

This charge is authorized for payment of the following (check all applicable):

- ☐ Construction Permit
- ☐ Plans Review Fee
- ☐ Blasting Notification Application
- ☐ Other _____